

Case Number:	CM13-0068258		
Date Assigned:	01/03/2014	Date of Injury:	03/04/2013
Decision Date:	04/25/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine has a subspecialty in Pulmonary Diseases and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50-year-old female who reported an injury on 03/04/2013. The mechanism of injury was not provided. The patient's medication history was noted to include Vicodin, Lopressor, lisinopril, Lipitor, Celebrex, Bactrim and aspirin EC low dose tablet as of 05/2013. The documentation of 11/06/2013 revealed that the patient has felt neck and arm pain off and on. The patient had complaints of hand pain and neck pain on the date of examination. The patient's diagnoses were noted to include neck pain, cervical radiculitis, bilateral CTS, history of "norcoidosis" and hypertension. The request was made for Celebrex and Vicodin ES as well as physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Celebrex 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 22.

Decision rationale: California MTUS Guidelines indicates that Celebrex is an NSAID and is the traditional first line of treatment, to reduce pain so activity and functional restoration can resume,

but long-term use may not be warranted. The clinical documentation submitted for review indicated that the patient had been on the medication since 05/2013. There was a lack of documentation indicating the efficacy of the requested medication, including a decrease in the VAS score and in objective improvement and function. The request as submitted failed to indicate the quantity of the medication being requested. Given the above, the request for Celebrex 200 mg is not medically necessary.

120 Vicodin ES 750-7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the patient had been taking the medication since 05/2013. There was a lack of documentation of an objective improvement in function, an objective decrease in the VAS score and evidence that the patient was being monitored for aberrant drug behavior and side effects. Given the above, the request for 120 Vicodin ES 750/7.5 mg is not medically necessary.